

PART B - FEE(S) TRANSMITTAL

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(Depositor's name)

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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/722,918 | 11/26/2003 | Jonathan Jedwab | 5649-2222 | 1180 |

TITLE OF INVENTION: MAGNETIC MEMORY WHICH COMPARES COMPRESSED FAULT MAPS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------------|--------------|--------------------------|---------------------|----------------------|--------------------------|------------|
| nonprovisional | NO | \$1440 \$1,510 | \$300 | \$0 | \$1740 \$1,810 | 11/24/2008 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | | |
| RIZK, SAMIR WADIE | | 2112 | 714-763000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Samsung Electronics Co., Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Republic of Korea

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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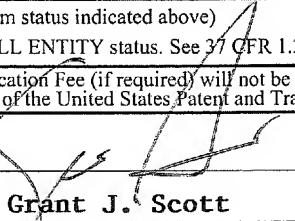
A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-0220** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____


Grant J. Scott

Date **November 21, 2008**

Typed or printed name _____

Registration No. **36,925**

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